UTILITY PATENT APPLICATION TRANSMITTAL

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

Attorney Docket No. **Shendelman**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

| Enclosed are: (X) Specification; 22 Total Pages. (X) Drawing(s); 12 Total Sheets. (X) Oath or Declaration: (X) A Newly Executed Combined Declaration and Power of Attorney: (X) Signed. () Partially Signed. () A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)). () Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated herein by reference. () Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)). () Power of Attorney. (X) Return Receipt Postcard. () A Ssociate Power of Attorney. (X) Return Receipt Postcard. () A Ssociate Power of Attorney. (X) A Check in the amount of \$493.00 for the Filing Fee. () Preliminary Amendment. () Information Disclosure Statement and Form PTO-1449. () A Certified Copy of Priority Documents (if foreign priority is claimed) with Translation. (X) APPLICANT CLAIMS SMALL ENTITY STATUS. () Other: CLAIMS AS FILED FOR NO. FILED NO. EXTRA RATE FEE Total Claims 32 12 \$9.00 \$108.00 Independent Claims 3 0 \$43.00 \$0.00 Multiple Dependent Claim Fee (if applicable) \$0.00 Assignment Recording Fee (if applicable) \$0.00 Assignment Recording Fee (if applicable) \$0.00 Basic Filing Fee \$493.00 Please charge \$\frac{1}{2}\$ to Deposit Accomm. A duplicate copy of this sheet is enclosed for fee processing against this Deposit Account. A duplicate copy of this sheet is enclosed for fee processing against this Deposit Account. A duplicate copy of this sheet is enclosed for fee processing against this Deposit Account. A duplicate copy of this sheet is enclosed for fee processing against this Deposit Account. A duplicate copy of this sheet is enclosed for fee processing against this Deposit Account. A System Application. Washington, D. C. 20231 By: | | r a(n): ion. (prior application not abar | ndoned):) Continuation-in-part , filed on | : (CIP) | - O | |
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| CLAIMS AS FILED FOR NO. FILED NO. EXTRA RATE FEE Total Claims 32 12 \$9.00 \$108.00 Independent Claims 3 0 \$43.00 \$0.00 Multiple Dependent Claim Fee (if applicable) \$0.00 Assignment Recording Fee (if applicable) \$0.00 Basic Filing Fee \$385.00 Total Filing Fee \$493.00 Please charge \$\sum_{\text{to Deposit Accordin No.}} \text{to Deposit Accordin No.} \text{pursuant to 37 CFR } \frac{1.25}{1.25}. At any time during the pendency of this application, the Commissioner is hereby authorized to charge any fees required or credit any overpayment to this Deposit Account. A duplicate copy of this sheet is enclosed for fee processing against this Deposit Account. Respectfully submitted, By: Alan Israel, Attorney of Record, Rig. No. 27564 Date: January 14, 2004 Correspondence Address: Kirschstein, Ottinger, Israel & Schiffmiller, P.C. 489 Fifth Avenue New York, NY 10017-6105 Typed Name: Lori G. Witkin | (X) Specification; 22 Total Pages. (X) Drawing(s); 12 Total Sheets. (X) Oath or Declaration: (X) A Newly Executed Combined Declaration and Power of Attorney: (X) Signed. () Unsigned. () Partially Signed. () A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)). () Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated herein by reference. () Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)). () Power of Attorney. (X) Return Receipt Postcard. () Associate Power of Attorney. (X) A Check in the amount of \$493.00 for the Filing Fee. () Preliminary Amendment. () Information Disclosure Statement and Form PTO-1449. () A Certified Copy of Priority Documents (if foreign priority is claimed) with Translation. | | | | | |
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| Multiple Dependent Claim Fee (if applicable) Assignment Recording Fee (if applicable) Basic Filing Fee Total Filing Fee \$493.00 Please charge \$ | Total Claims | 32 | 12 | \$9.00 | \$108.00 | |
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| Phone: 212-697-3750 Express Mail Label No.: EV 332 342 415 US | | | | | | |